



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 101200001

CITY OR TOWN RAYNHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ESCAPADES RESTAURANT, INC.

DOING BUSINESS AS ESCAPADES

ADDRESS 77 BROADWAY

CITY/TOWN: RAYNHAM

STATE: MA

ZIP CODE: 02767

MANAGER: LAWTON,
FRANCES

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 101200002

CITY OR TOWN RAYNHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RARE HOSPITALITY INTERNATIONAL, INC.

DOING BUSINESS AS LONG HORN STEAKHOUSE

ADDRESS 800 ROUTE 44

CITY/TOWN: RAYNHAM

STATE: MA

ZIP CODE: 02767

MANAGER: MOORE, LYNDAL TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FULL SERVICE REST. FACILITY CONTAINING 5000SQFT OF GROSS FLOOR AREA,
KITCHEN, DINING AREA, BAR, LOUNGE, SEATING 198. FRONT ENTRANCE FOR PUBLIC.
SIDE EMERGENCY EXIT, REAR EXIT FOR DELIVERIES/ EMERGENCY, RESTROOMS.

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 101200003

CITY OR TOWN RAYNHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SMC GROUP LLC

DOING BUSINESS AS FLYING DOG BAR & GRILL

ADDRESS 524 BROADWAY

CITY/TOWN: RAYNHAM

STATE: MA

ZIP CODE: 02767

MANAGER: BARRY, MARK

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 101200005

CITY OR TOWN RAYNHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JAMIE LOSCIUTO

DOING BUSINESS AS THE MILK BOTTLE

ADDRESS 785 BROADWAY

CITY/TOWN: RAYNHAM

STATE: MA

ZIP CODE: 02767

MANAGER: LOSCIUTO, JAMIE TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

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DESCRIPTION OF LICENSED PREMISES:

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 101200007

CITY OR TOWN RAYNHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GOLDEN CHINA, INC.

DOING BUSINESS AS CHINA GARDEN REST

ADDRESS 883 BROADWAY

CITY/TOWN: RAYNHAM

STATE: MA

ZIP CODE: 02767

MANAGER: MAO, XUONG
THANH

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 101200008

CITY OR TOWN RAYNHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHRISTOPHER'S SEAFOOD & STEAKHOUSE, INC

DOING BUSINESS AS CHRISTOPHER'S SEAFOOD & SEAKHOUSE

ADDRESS 1285 BROADWAY

CITY/TOWN: RAYNHAM

STATE: MA

ZIP CODE: 02767

MANAGER: KESARIS,
THEODORE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

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DESCRIPTION OF LICENSED PREMISES:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 101200009

CITY OR TOWN RAYNHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: COLDUNSKI INC.

DOING BUSINESS AS THE GREAT AMERICAN PUB

ADDRESS 1736 BROADWAY

CITY/TOWN: RAYNHAM

STATE: MA

ZIP CODE: 02767

MANAGER: COLLINS,
WALTER W.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BUILDING W/ KITCHEN, DINING ROOM, LOUNGE. ADDITION TO DINING AREA AND KITCHEN

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 101200010

CITY OR TOWN RAYNHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RAYNHAM DERBY CLUB, INC.

DOING BUSINESS AS CARNEY, GEORGE L.

ADDRESS 1958 BROADWAY

CITY/TOWN: RAYNHAM

STATE: MA

ZIP CODE: 02767

MANAGER: CARNEY GEORGE TYPE OF LICENSE: Restaurant
L.

CATEGORY: All Alcohol

EMAIL ADDRESS:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 101200011

CITY OR TOWN RAYNHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LT. CHESTER A. BEARSE POST 405

DOING BUSINESS AS THE AM. LEGION, INC.

ADDRESS MILL STREET

CITY/TOWN: RAYNHAM

STATE: MA

ZIP CODE: 02768

MANAGER: WILFORD,
BERNADETTE M.

TYPE OF LICENSE: Veterans club

CATEGORY: All Alcohol

EMAIL ADDRESS:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 101200014

CITY OR TOWN RAYNHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PEPPER DINING INC.

DOING BUSINESS AS CHILI'S GRILL & BAR

ADDRESS 235 NEW STATE HWY

CITY/TOWN: RAYNHAM

STATE: MA

ZIP CODE: 02767

MANAGER: thibeault, joshua

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 101200015

CITY OR TOWN RAYNHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SULLIVAN-WYNN ENTERPRISES, INC.

DOING BUSINESS AS THE JOCKEY CLUB

ADDRESS 115 RTE 44

CITY/TOWN: RAYNHAM

STATE: MA

ZIP CODE: 02767

MANAGER: SULLIVAN, JOHN TYPE OF LICENSE: Restaurant
L.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ADDING A FENCED IN, OUTDOOR AREA OF 80X100

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 101200016

CITY OR TOWN RAYNHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: W. P. FIRST CO., INC.

DOING BUSINESS AS STONEFORGE TAVERN & PUBLIC HOUSE

ADDRESS PARAMOUNT DRIVE

CITY/TOWN: RAYNHAM

STATE: MA

ZIP CODE: 02767

MANAGER: ROLAND,
WILLIAM

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

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DESCRIPTION OF LICENSED PREMISES:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 101200020

CITY OR TOWN RAYNHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: APPLE NEW ENGLAND LLC

DOING BUSINESS AS APPLEBEE'S NEIGHBORHOOD GRILL & BAR

ADDRESS 0800-2 ROUTE 44

CITY/TOWN: RAYNHAM

STATE: MA

ZIP CODE: 02767

MANAGER: ANDREWS JR,
WILLIAM R.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FULL SERVICE RESTAURANT FACILITY, APPROX. 5000 SQ.FT. WITH FULL SERVICE KITCHEN, DINING ROOM AND BAR AREA, SEATING FOR 200. FRONT ENTRANCE/EXIT FOR PUBLIC. SIDE EMERGENCY EXIT. REAR ENTRY/EXIT FOR DELIV-

I hereby certify and swear under penalties of perjury that:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 101200025

CITY OR TOWN RAYNHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GREYHOUND PACKAGE STORE, INC.

DOING BUSINESS A

ADDRESS 676 BROADWAY

CITY/TOWN: RAYNHAM

STATE: MA

ZIP CODE: 02767

MANAGER: PABST,

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

CHRISTOPHER M.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 101200028

CITY OR TOWN RAYNHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DEBUCA'S WINE & LIQUORS, INC.

DOING BUSINESS AS RAYNHAM WINE & LIQUORS

ADDRESS 600 SOUTH ST WEST

CITY/TOWN: RAYNHAM

STATE: MA

ZIP CODE: 02767

MANAGER: CARP, BERNARD

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

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DESCRIPTION OF LICENSED PREMISES:

12000 sq ft of retail and storage space

I hereby certify and swear under penalties of perjury that:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 101200033

CITY OR TOWN RAYNHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GURU CORPORATION

DOING BUSINESS A LANDY'S MARKET, INC.

ADDRESS 1417 BROADWAY

CITY/TOWN: RAYNHAM

STATE: MA

ZIP CODE: 02767

MANAGER: PATE,

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

KANAIYALAL B.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 101200041

CITY OR TOWN RAYNHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HARRY J. TRAVAGLIONE AND DOLORES L. TRAVAGLIONE

DOING BUSINESS A HARRY'S LACASA MIA RESTAURANT

ADDRESS 840 BROADWAY

CITY/TOWN: RAYNHAM

STATE: MA

ZIP CODE: 02767

MANAGER:

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 101200042

CITY OR TOWN RAYNHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: P & J MANAGEMENT, INC.

DOING BUSINESS AS PEDDLER'S LOFT

ADDRESS SOUTH, WEST & JUDSON ST.

CITY/TOWN: RAYNHAM

STATE: MA

ZIP CODE: 02767

MANAGER: CUMMINGS,
MATTHEW

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RESTAURANT, LOUNGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐
(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 101200048

CITY OR TOWN RAYNHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OCCASIONS AT VILLAGE SOUTH, LLC

DOING BUSINESS AS

ADDRESS 473 SOUTH ST

CITY/TOWN: RAYNHAM

STATE: MA

ZIP CODE: 02767

MANAGER: KELLEY,
CHRISTINE

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CELLAR; CLUB ROOM FIRST FLOOR; MEETING ROOM, KITCHEN. SECOND FLR; BOARD OF DIRECTORS ROOM

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 101200050

CITY OR TOWN RAYNHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Dong Sheng Restaurant, Inc

DOING BUSINESS A Raynahm Mandarin

ADDRESS 283 ROUTE 44

CITY/TOWN: RAYNHAM

STATE: MA

ZIP CODE: 02767

MANAGER: Chen, Jia Ling

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, FRONT ENTRANCE, TWO EMERGENCY EXITS, ONE IN FRONT AND ONE IN
BACK KITCHEN AREA TO THE REAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 101200053

CITY OR TOWN RAYNHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: QUAN AM MARKET,LLC

DOING BUSINESS A BROADWAY MARKET

ADDRESS 240 BROADWAY (TR.138)

CITY/TOWN: RAYNHAM

STATE: MA

ZIP CODE: 02767

MANAGER: DANG,MINH H.

TYPE OF LICENSE:Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2300 SF

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
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www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 101200054

CITY OR TOWN RAYNHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WESTBOROUGH BEVERAGE CORP

DOING BUSINESS AS WAL-MART SUPERCENTER #2021

ADDRESS 36 PARAMOUNT DRIVE

CITY/TOWN: RAYNHAM

STATE: MA

ZIP CODE: 02767

MANAGER: CABRAL,
HUMBERTO

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 101200056

CITY OR TOWN RAYNHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: H.J. RAYNHAM HOTEL, INC.

DOING BUSINESS A COURTYARD BY MARRIOTT

ADDRESS 37 PARAMOUNT DRIVE

CITY/TOWN: RAYNHAM

STATE: MA

ZIP CODE: 02767

MANAGER: ROMEIRO, SHERRITYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

99 ROOM HOTEL WITH ONE RESTAURANT, LOUNGE AND MEETING ROOM. MAIN
ENTRANCE, LOBBY ENTRANCE AS WELL AS THREE OTHER EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 101200057

CITY OR TOWN RAYNHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HIBACHI SUSHI BUFFET INC.

DOING BUSINESS AS HIBACHI SUSHI BUFFET

ADDRESS 59 NEW STATE HIGHWAY

CITY/TOWN: RAYNHAM

STATE: MA

ZIP CODE: 02767

MANAGER: LU, AI HUI

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR PREMISES ...APROX. 7021 SQ FT WITH DINING ROOMS,
KITCHEN, RESTROOMS, SUSHI BAR AND LOUNGE, ONE ENTRANCE TWO EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 101200058

CITY OR TOWN RAYNHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Asian Palace, Inc

DOING BUSINESS A

ADDRESS 1470 Route 44

CITY/TOWN: RAYNHAM

STATE: MA

ZIP CODE: 02767

MANAGER: chen, shirley

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

first floor premise containing 2366 sq ft of space including kitchen and dining room with an entrance in the front and rear egress in the back

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)